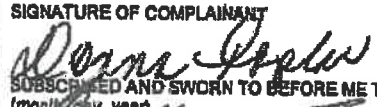
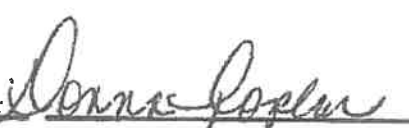
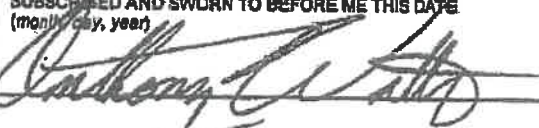


POPLAR, DONNA - ATTACHMENT 17

EEOC Form 6 (11/09)

| | | | |
|---|--|---|-------------------------------|
| CHARGE OF DISCRIMINATION | | Charge Presented to: Agency/Case No(s): | |
| This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form. | | <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC 471-2019-01372 | |
| and EEOC | | | |
| State or local Agency, if any | | | |
| Name (indicate Mr., Ms., Mrs.) Donna Poplar | | Home Phone (incl. Area Code) (810) 789-2630 | Date of Birth |
| Street Address 5277 Kimberly Woods Circle, Flint, MI 48504 | | City, State and ZIP Code | |
| Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PART C below.) | | | |
| Name GENESEE COUNTY ROAD COMMISSION | | No. Employees, Members Unknown | Phone No. (Include Area Code) |
| Street Address 211 West Oakley Street, Flint, MI 48503 | | City, State and ZIP Code | |
| Name | | No. Employees, Members | Phone No. (Include Area Code) |
| Street Address | | City, State and ZIP Code | |
| DISCRIMINATION BASED ON (Check appropriate box(es).) | | DATE(S) DISCRIMINATION TOOK PLACE | |
| <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify) | | Earliest Latest 09-01-2018 02-04-2019 | |
| | | <input checked="" type="checkbox"/> CONTINUING ACTION | |
| THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s).) | | | |
| <p>I began working for the above employer on 10/30/2016, as the H.R. Director</p> <p>On or about 12/04/2018, and 01/08/2019, the Genesee County Road Commission Board approved in the budget to hire an Administrative H.R. Assistant, to assist me with my work duties due to my disability. My Supervisor has refused to hire an assistant and stated "Why should I hire an assistant for you when I can hire someone that does not have a disability."</p> <p>It has always been common practice for the H.R. Directors to attend meetings with the Directors of other departments and all disciplinary meeting of staff members. However, on or about 12/06/2018, my supervisor had barred me from attending meeting with other directors. In addition, my supervisor has excluded me from attending any disciplinary meetings with staff members.</p> <p>I requested to work comp time on or about Saturday, 01/05/2019 and Sunday 01/06/2019, my supervisor pulled a Sonitrol report on me to see what time I arrived to work and what time I left work. However, a white Director worked comp time on or about Sunday 12/22/2018, my supervisor did not pull a report on her detailing her arrival or departure.</p> <p>I believe I have discriminated against due to my disability, my race (African American), and subjected</p> | | | |
| I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. | | NOTARY - When necessary for State and Local Agency Requirements | |
| I declare under penalty of perjury that the above is true and correct. | | I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. | |
| Date Feb 04, 2019 | | SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) | |
| Charging Party Signature  | |  | |